

**Wayne State University**  
**Testimony before the House Health Policy Committee**  
**March 28, 2006**

Good morning. My name is **Alexandra Michel**. I am a Registered Nurse and currently a masters degree student in the College of Nursing at Wayne State University. Thank you for this opportunity to testify before you. I am here today along with several Wayne State masters students currently completing a course in Health Policy and Economics for Advanced Practice Registered Nurses. I begin my testimony with a story of how I came to be here today.

I obtained an advanced degree in Public Administration in my home country of Germany before coming to the United States. Once here, I earned a Master of Science degree. In the mid 1990s, I decided to change careers. It took me until December of 2004 to complete a Bachelor of Science degree in Nursing from Wayne State University. The reason it took so long is very simple. I am not only a nurse, but first and foremost I am the wife of a soldier and a mother of two children.

A mortgage, two car payments, and the increasing cost of living required me to work full-time. Childcare alone cost me around \$15,000 / year. So I went to school part-time until September 2003 when I started the nursing program at Wayne State University.

Like students in most accelerated nursing programs, I was required to go to school full-time. These 16 months were very costly. Due to our family income the previous year, I was only eligible for limited financial aid. I gave up a position that paid me over \$35,000 / year, lost a possible promotion, paid between \$12,000 to \$16,000 in tuition plus books, and still had to be able to cover all my bills. Now, as I am paying off student loans, interest accrues on the loans and adds to the list of related and mounting costs.

The Michigan Nursing Scholarship and many other grants and scholarships were not available to me or to my other class members as we were admitted to Wayne State University's College of Nursing after the application deadlines for such opportunities had already passed.

I want to remind you that I graduated from an accelerated program that runs over 16 very intense months. A nursing student in a traditional baccalaureate program has to plan for four to five years of full-time study, tuition that ranges from \$30,000 to \$50,000, and related cost of living expenses.

I am now working on my Masters Degree in Nursing to become a Certified Neonatal Nurse Practitioner. A single masters level course costs me between \$1,400 and \$3,000. I am in the fortunate situation that I have a husband that also earns a full-time salary and my childcare expenses have gone down as my children are now both school age, but many nurses and potential nurses do not have this privilege. Nursing is not a degree you can effectively obtain online after work hours, and when your children are sleeping. Nursing school is like a full-time job for which the student has to pay.

My own journey to obtain advanced education in nursing is not that different from those of my Registered Nurse colleagues who are here with me today; however, I would to speak now about a related subject.

Every state in the nation, including Michigan, is experiencing a serious public health crisis, namely a nursing shortage. It is a fact that nurses make up the largest group of health care providers in this nation and in repeated opinion polls nurses reportedly enjoy the public's highest level of trust (CNN/USA Today/Gallup poll, 2003). When people enter hospitals, it is primarily for nursing care, and there is mounting research evidence (Aiken, Clarke, Cheung, Sloan, & Silber, *JAMA*, 2003; Buerhaus, *JAMA*, 2000a; Burger, *JAMA*, 2004) that appropriate Registered Nurse staffing levels and educational levels contribute substantially to decreasing mortality and morbidities rates.

Unfortunately, the current nursing shortage is different from any other experienced in this country, and it is expected to worsen. By the year 2015, at least one million more Registered Nurses will be needed in the United States. One reason for this trend is that as educational and career opportunities have expanded and become more readily accessible to women, fewer are entering nursing. As the general population ages, so too are Registered Nurses. A study published in July 2000 in the *Journal of the American Medical Association*, "predicts that by the year 2010, 40% of nurses will be 50 years old or older" (Buerhaus, 2000a; Nevidjon, & Erickson, *Online Journal of Issues in Nursing*, January, 31, 2001). Nursing is physically demanding, which makes it difficult for nurses to continue working in the clinical arena long after they have reached retirement age. Half of all Registered Nurses are expected to retire in the next ten years.

The good news is that applications to nursing programs are on the rise as more people seek to enter traditional and second career nursing programs; unfortunately however, more than 32,700 qualified applicants were turned away from baccalaureate and graduate nursing programs in the US during 2004, because there were too few nursing faculty, too few appropriate clinical sites, too little classroom space, and increased budget constraints (AACN, March 8, 2005). This number represented an increase from 2003 when "18,105 students were turned away." The American Association of Colleges of Nursing states that "in July 2004, a total of 717 faculty vacancies were identified in 395 nursing schools with baccalaureate and/or graduate programs across the country." This information was based on a "68.6% response rate" at the time. "Most of the vacancies (54.3%) were faculty positions requiring a doctoral degree" (AACN, 2004).

In the US during fall of 2004, "2,748 qualified applicants were turned away from masters programs and 202 qualified applicants were turned away from doctoral programs. The primary reason was a shortage of faculty" (AACN, 2004).

According to a Southern Regional Board of Education (SREB) report, "unfilled faculty positions, resignations, projected retirements, and the shortage of students being prepared for the faculty role pose a threat to the nursing education workforce over the next five years" (2002). Based on a report by the New York State Education Department to its Board of Regents in 2001, New York State expects to have a shortfall of 34,000 RNs by 2015, and yet the state budget proposed this year by Governor Pataki includes no funding for nursing scholarships and grants.

Unfortunately, faculty age continues to climb as well, which narrows the number of productive years nurse educators are able to teach. "The average age of nurse faculty at retirement is 62.5 years. Whereas the average age of doctorally-prepared faculty is currently 53.5 and so a wave of retirements is expected within the next ten years. It is projected that between 200 and 300 doctorally-prepared faculty will be eligible for retirement each year from 2003 through 2012 here in the United States" ([www.us.elsevierhealth.com/product.jsp?isbn=00296554](http://www.us.elsevierhealth.com/product.jsp?isbn=00296554)). In a report

from Oregon in April 2001, 41% of the faculty in baccalaureate and higher degree programs were projected to retire by 2005, with an additional 46% projected to retire by 2010 ([www.nwhf.org](http://www.nwhf.org)). Here in Michigan, "more than one-third of full-time faculty are 55 years of age or older, while the overall vacancy rate for full-time faculty positions is 5 %" (Michigan Center for Nursing, April 2005, pg. 2).

The most critical issues faced by schools of nursing for the academic year 2005-2006 were faculty recruitment and retention, "noncompetitive salaries, limited pool of doctorally prepared faculty, finding faculty with the right specialty mix, lack of qualified applicants, high faculty workload, and finding faculty willing/able to teach clinical courses and willing/able to conduct research" (AACN, July, 2005).

The low salaries in academia, especially for women who represent the largest group of nurses and nursing faculty, continue to contribute to the faculty shortage. There is higher compensation available in the clinical arena than in academe. For example, the average salary for a masters prepared nurse practitioner working in an emergency department was \$80,697 in 2003. Whereas, AACN reports that master's prepared nurse professors earned an annual average salary of \$60,357 that same year ([www.advancefornp.com](http://www.advancefornp.com) and [www.aacn.nche.edu](http://www.aacn.nche.edu)), which is similar to the reported average salary of assistant professors at Wayne State University (<http://chronicle.com/stats/aaup/aaupresults.php>, 2004-2005).

Independence Blue Cross (IBC) of Philadelphia believes that attracting new nurse educators will "put more nurses on the front lines", and more nurses will correspond to improved care ([www.ibx.com](http://www.ibx.com)). In September 2004, IBC established a \$2.25 million scholarship fund to address the Registered Nurse shortage in Southeast Pennsylvania. .

While this represents a good start for that state, what is essential to altering these trends requires every state to acknowledge the public health crisis we face and to invest in nursing education at least at the same level as graduate medical education. What is necessary is more funding to increase the number of students entering nursing education and to prepare future faculty members, along with funding to hire new and retain current faculty, and to purchase the equipment necessary for that education. More funding for nursing education would allow students at all levels to complete their programs in a timely way.

Thank you for this opportunity to speak with you today about this very important subject. I am available to take your questions.

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My name is **Mary Norman**; I am a first year Physician Assistant student at Wayne State University. I attended the University of Michigan to receive my bachelors' degree and have been a resident of the state of Michigan for 17 years. I am a full-time student, approaching completion of my first year of the two-year program; I will graduate in May 2007. I do not work while in school, and I receive financial aid. As a long-time Michigan resident and someone who plans to remain in the state to practice, I was drawn to Wayne State for several reasons including location, dedication to community service, affiliation with world-class hospital systems and the outstanding reputation.

The Eugene Applebaum College of Pharmacy and Health Sciences has an illustrious history of more than 80 years and continues to flourish under the foundation of the university's philosophy – providing a world-class education in the real world. The college offers students a unique experience in the state of obtaining an education in a designated Carnegie research institution with a distinct urban focus. Perhaps one of the greatest advantages and draws to Wayne State University is the social, economic, and medical diversity the students are exposed to in the urban setting of Detroit, and through affiliations with the Detroit Medical Center, John D Dingell Veteran Affairs Medical Center, Henry Ford Health System, St. John Health System, William Beaumont Hospital and other area hospitals.

Within the college there are 25 degree and certificate programs through four academic departments, including the brand new additions of Radiation Therapy Technology & Radiological Technology program, and development of a third program in Radiologist Assistant that will create a trio of programs in the Radiation Sciences. Our Mortuary Science program and Pathologist's Assistant program are the only programs of their kind available in Michigan. The college currently has 813 undergraduate, graduate and professional students which is a 9% increase in enrollment from 2004-2005. Every year our students continually score above national averages on state and national certification exams, with our pharmacy students holding the distinction of the highest state pass rate for the past 3 years.

Consistent with the university's mission, the majority of the college's graduates remain in southeast Michigan, with more than 70% of the 12,000 alumni practicing locally. Additionally, greater than 70% of the region's health care professionals received part or all of their education at Wayne State University.

The college also has the benefit of residing in a world class building which was heralded as "one of the most technologically advanced buildings in Detroit" by the *Detroit Free Press*. The building, completed in 2002, is located on the Detroit Medical Center campus and brings all of the programs under one roof, except Mortuary Science which has its own facility on Woodward Avenue.

I also want to highlight the activities of our faculty and students within the Detroit community. The Detroit location not only provides students with opportunities to learn from the diverse

community but also limitless opportunities to contribute to the community. I am personally very passionate about volunteering, and I have been very impressed and satisfied with the activities of our college. There are many ongoing activities the college provides including health screenings for the homeless through Walgreens pharmacy and the Open Door program; Special Olympics physicals; Foot Clinic for the homeless at St Francis Cabrini; Shots for Tots, and Health and Hygiene education to Detroit public school children. We also had the opportunity to participate in the Super Bowl XL festivities by hosting the 40 Days of Fitness "Kick Start Your Heart" event which was a collaborative effort among all of the programs in the college. Through this event we were able to provide service learning for the students and provide health education to the university student body and local community. The student body is also extremely active throughout the year with one-time events ranging from Habitat for Humanity, clothing and food drives, tutoring and mentoring, to name only a few.

As far as steps your committee can pursue to help us as students there is one main area of concern: money. While we enjoy competitive tuition at WSU, 70-80% of our students receive financial aid, and many of those students also pursue personal loans to cover the cost of living. Our college has been greatly affected by the recent cuts in education funds by the state government and in order to maintain the experiential and high quality educational experience the students receive to become competent professionals in the health care fields these costs have been passed on to the students. In the past year our tuition has increased by 18.5% and the majority of private scholarships that are available to us range in the \$500 to \$2500 dollar range. Many students find it necessary to work while enrolled in vigorous health science programs, so additional funding for health science education would be appreciated.

We know that one of the goals of Governor Granholm is to keep jobs in Michigan. With 70% of our alumni remaining in southeastern Michigan it is important to support the programs that we offer.

Thank you for this opportunity to speak on behalf of my fellow students at the Eugene Applebaum College of Pharmacy and Health Sciences at Wayne State University.

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- My name is **Ebony Rucker**. I grew up in Detroit and went to public schools in Detroit until 10<sup>th</sup> grade when I got a scholarship to Cranbrook Kingswood via Horizon Upward Bound. I went on to receive a Bachelor of Arts in Biochemistry at Vassar College in NY.
- As I will be a health care professional, it would be really great if we could put more money into graduate education for residents practicing in Detroit so that the hospitals can hire more residents to care for patients that are overflowing into the hospital systems. Once residents strike out on their own they also need help establishing practices in both rural and urban areas so we need to try to receive grants from the government for health care clinics in needy areas. There is already a primary health care shortage in the Detroit area, and there will be a growing shortage in both rural and suburban areas as the health care cost burden is shifted to patients and physicians.
- As a student, especially a medical student, I need to have more funding going toward my university. The greater the opportunity for grants and scholarships the less I have to rely on loan money that is already a heavy burden on my potential as a contributor to the economy.
- I chose Wayne for a number of reasons. I knew that I would get exceptional training during my clinical years and it was close to my family. I also knew that I would have to pay less in tuition costs because I'm an instate resident and Wayne is a public school.
- I am a full time student and since the demands of medical school are high, it is very difficult to get a job while attending school.
- I am the first in my family to attend medical school.
- I graduate June 6, 2006, and will start a residency in Emergency Medicine in July.